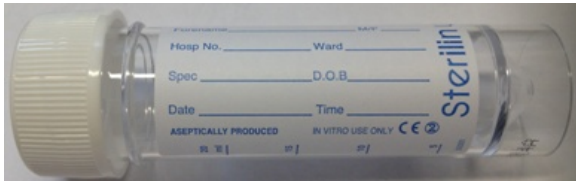


Aspirates and Cyst Fluids

Synonyms	Breast Cyst Fluid, Ovarian Cyst fluid, Renal Cyst fluids, Thyroid Cyst Fluids and Body aspirates (any type).
Clinical Indication	At request of clinician.
Part of Profile / See Also	N/A
Request Form	Manual request form or ICE request
Availability / Frequency of Analysis	On request.
Turnaround Time	Reports are normally available 10 calendar days after the date of the procedure. Samples requiring extra work may take longer, please contact the reporting Hospital's Cellular Pathology Department for further information on delayed reports or for clinical advice (01268 524900 Ext:3033).
Patient Preparation	As per clinical requirements.
Sample Requirements	There must be at least 3 matching patient identifiers on both sample pot and request form. Patient Identifiers must include any 3 of the following: Patient's full name, Patient Date of Birth and NHS number or Hospital number.
Specimen Type	Cyst fluids / Aspirates. Must be fresh and unfixed. It is not necessary to send all specimens of breast cyst fluid for cytological examination. Only if the specimen is uniformly blood-stained or cytological examination is indicated by clinician.
Volume	Send as much fluid as can be conveniently obtained (maximum 40ml).
Container	 <p>Sterile universal container.</p> <p>Sample should be collected in a Sterile Universal container or a white top 40ml pot.</p> <p>Samples should be transported to the laboratory as soon as possible after collection. If there is a delay between collection and transport, the sample should be refrigerated.</p>
Acceptance/Rejection Criteria	<p>Sample must be accompanied with a corresponding fully completed request form. Both the sample and request form must be legibly labelled with a minimum of three patient identifiers (patient's full name, DOB and NHS number or Hospital number).</p> <p>There should be no discrepancies between the sample pot and the request form.</p> <p>Please note that samples failing to meet these criteria will be given attempt to contact requester for the correction of error and sign disclaimer but failing to this may result in rejection of sample.</p>
Reference Range & Units	N/A
Interferences	Sometimes cellular yield may be low resulting in a scanty preparation (slide).



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Old or un-refrigerated specimens may be poorly preserved.

If a specimen is required by another department such as Microbiology this can result in a delay in processing and therefore a sub-optimal sample.

Please send separate samples to different departments, with appropriate request forms, if required.

Interpretation & Clinical

N/A

Decision Value (if applicable)

References

N/A

Test code

Breast Cyst Fluid (BRECY), Ovarian Cyst fluid (OVCF), Renal Cyst fluids (RENCY), Thyroid Cyst Fluids (THYCFL) and any aspirates (ASP).

Lab Handling

Refrigerate - Must be Stored at 2-8°C until the sample is prepared.

Specimen Transport

From Basildon Hospital: Ward and clinic samples should be taken to the Pathology Specimen Reception hatch on Level C.

From Southend Hospital: Southend Hospital: Ward and clinic samples to Pathology Reception in the Essential Services Lab on the 2nd Floor in the Pink Zone.

GP/Community Samples: All GP work is collected by the Courier Service and brought to address below.

Location of Laboratory

The Diagnostic (Non-Gynae) Cytology Laboratory is located at:
Cellular Pathology Department
Basildon University Hospital
Nethermayne
Basildon
SS16 5NL

Contact numbers

Cellular Pathology Tel: 01268 524 900 Ext: 8888/ 3033
Open 8.30am-5.00pm; Monday – Friday excluding Bank Holidays.